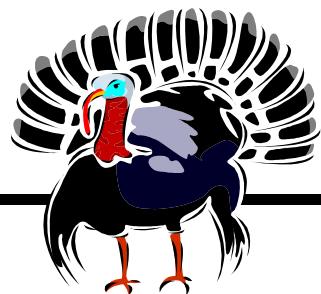


ENCOUNTER KEYS



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AHCCCS ENCOUNTER

OPERATIONS UNIT

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For Technical Assistance contact:

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WITHDRAWN ENCOUNTERS

When an encounter is withdrawn (voluntary deleted) from the AHCCCS system (denial reason x899), the Plan should resubmit the encounter correctly and in a timely manner. Contractors must document the reason the encounter was deleted and maintain a record of the deleted CRN, and upon request, make this documentation available to AHCCCS for review.

PLACE OF SERVICE

The reference screen RF115 (Procedure Place of Service) and RF107 (Place of Service) provides Contractors with place of service codes, description and their effective beginning and ending dates of service. Refer to this screen if you are having difficulty with encounters pending for error code H780 – Place of service is not on file, H241 – Place of service is required and S430 – Place of service is invalid for specified procedure.

NO MORE PRINT DISTRIBUTION OF ENCOUNTER KEYS



Beginning with the January-February 2003 publication, the Encounter Keys will be placed on the AHCCCS web page. If you are currently receiving a copy of the Encounter Keys, contact your Technical Assistant to make sure your e-mail address is up to date. Once the Encounter Keys have been placed on the web page all listed recipients will be notified via e-mail that the Keys are available. If you have any questions, contact your Technical Assistant.

AHCCCS, OFFICE OF MANAGED CARE, ENCOUNTER OPERATIONS UNIT
Encounter File Processing Schedule

	Sat	Sat	Sat	Sat	Sat	Sat
Deadline for Corrected Pended Encounter and	10/05/02	11/09/02	12/07/02	01/04/03	02/08/03	03/08/03
New Day File Submission to AHCCCS	5:00 AM	5:00 AM	5:00 AM	5:00 AM	5:00 AM	5:00 AM
Work Days for AHCCCS	6	6	6	6	6	6
Encounter Pended and Adjudication Files	Tue	Tue	Mon	Mon	Tue	Mon
Available to Health Plans	10/15/02	11/19/02	12/16/02	01/13/03	02/18/03	03/17/03
Work Days for Health Plans	18	12	13	18	13	14

Note: 1. This schedule is subject to change. If untimely submission of an encounter is caused by an AHCCCS schedule change, a sanction against timeliness error will not be applied.

2. Health Plans are required to correct each pending encounter within 120 days.

3. On deadline days, encounter file(s) must arrive at AHCCCS by 5:00 a.m. Files arriving after 5:00 a.m. will be processed the following cycle.

DILEMMAS

For the months of November and December the following error code conditions are not subject to sanction.

S385 – Service Units Exceed Maximum Allowed (80000 procedure codes and service units less than twice the limit).

P015 - Service Provider Type Invalid For Uniform Billing Form

R295– Medicare Reported But Not Indicated (For Part B on facility encounters)

S841 - ASC Procedure Code Is Not Covered

S842 - ASC Procedure Code is Not Classified

S386 – MAXIMUM ANESTHESIA UNITS EXCEEDED

The error code S386 – Maximum Anesthesia Units Exceeded currently is set to soft. **Effective February 1, 2003** the edit will be turned hard. If you have any questions, contact your Technical Assistant.

CIRCUMCISION

Effective October 1, 2002 routine circumcision and related procedures for newborn male infants are not a covered service(s). AHCCCS will no longer cover two CPT-4 codes and one ICD-9 code:

- * 54150 Circumcision, using clamp or other device; newborn
- * 54160 Circumcision, surgical excision other than clamp, device, or dorsal slit; newborn
- * V50.2 Routine or ritual circumcision

To report medically necessary circumcision, the appropriate ICD-9 code for the medical condition must be used along with CPT-4 code:

- * 54152 Circumcision, using clamp or other device; other than newborn
- * 54161 Circumcision, surgical excision other than clamp, device, or dorsal slit; other than newborn

ROSTER INFORMATION

The AHCCCS website provides information for Plans and Contractors that includes the monthly roster schedule for recipients and Long Term Care (LTC) data. AHCCCS web page can be found at: <http://www.ahcccs.state.az.us/> From the home page, Plans may access the following data for further information:

- ◆ AHCCCS Monitoring (Eligibility Review, Investigation & Recovery, Encounter Submissions, Operational & Financial Reviews and Provider Site Vists)
- ◆ Contact List (an internal and external list of AHCCCS offices and Health Plan and Provider Contacts)
- ◆ Eligibility Rate Codes (Rate codes as of 12/01/2001)
- ◆ Fee Schedules (Capitation Rate and Fee-For-Service Schedules)
- ◆ Frequently Asked Questions (Claims, Eligibility, Prior Authorization and Office of Managed Care Questions are listed)
- ◆ Fraud & Abuse (Definitions, examples, presentation, and report fraud & abuse online)
- ◆ Reporting Information (Encounter submissions, Financial reporting, Primary care provider, and Member ratios)
- ◆ Technical Interface Guide – (Computer Operations Schedule and File Layouts, Daily Rosters, Monthly Roster, Third Party Liability, FYI Files, Prior Plan, Codes and Values, Language Codes, Case Management, Encounters, Health Plans, Program Contractor, Provider, Recipient and Reference)
- ◆ Reinsurance
- ◆ Forms
- ◆ Manuals and Publications (including Claims Clues and Encounter Keys).

If further information is needed, contact your Technical Assistant.

RATES INFORMATION

AHCCCS has revised its fee-for-service (FFS) fee schedule payment rate for manually priced (“By Report”) services for dates of service on or after October 1, 2002. The revision applies to all services on the FFS fee schedule for which AHCCCS has not established a procedure-specific rate.

The new AHCCCS payment rate is 65% of covered billed charges, a decrease from the previous rate of 80% of covered billed charges. Also, many injection/drug codes were updated for dates of services on and after July 1, 2002. Up-to-date FFS rates are available thru the FTP server link, www.ahcccs.state.az.us



RATES UPDATED

Fee-for-Service rates for Nursing Facilities (NF) and Home & Community Based Services (HCBS) have been updated for dates of service on or after 10/01/02. NF rates were updated for inflation and to recognize increases in staffing and capital needs. HCBS rates were updated for inflation.

Rate schedules for NF and HCBS can be found at the AHCCCS web site at:
www.ahcccs/PlansProviders/ProcRateCodes/FeeSchedules.asp#FFSRates

Nursing Facility Rates		
	Total Rate	Total Rate
Level of Care	Urban	Rural
Level 1	\$108.19	\$105.30
Level 2	\$119.35	\$115.84
Level 3	\$143.10	\$138.55
Home and Community Based Services Rates		
Code	Service	Rate
Z3000	Adult Day Health	\$7.37
Z3010	Home Delivered Meals	\$7.46
Z3020	Home Health Aide	\$31.65
	Home Health Nurse / Cert HHA	
Z3030	RN & LPN / Intermittent Visit	\$76.63
Z3039	RN & LPN / Continuous Care	\$54.46
	Home Health Nurse / Independent	
Z3033	RN / Intermittent Visit	\$40.75
Z3034	RN / Continuous Care	\$30.05
Z3035	LPN / Intermittent Visit	\$32.00
Z3036	LPN / Continuous Care	\$23.60
	Home Health Nurse / Non-Cert HHA	
Z3031	RN / Intermittent Visit	\$63.98
Z3032	RN / Continuous Care	\$47.17
Z3037	LPN / Intermittent Visit	\$49.52
Z3038	LPN / Continuous Care	\$36.51
Z3040	Homemaker	\$18.53
Z3050	Personal Care	\$19.66
Z3060	Respite Care Short-Term In-Home	\$13.96
Z3070	Respite Care Continuous In-Home	\$167.71
Z3080	Attendant Care	\$13.96
Z3725	Family Attendant Care	\$13.96



AHCCCS 2003 AMBULATORY SURGICAL CENTER PAYMENT RATES

AHCCCS Fee-for-Service rates for Ambulatory Surgical Center (ASC) payments have been updated for dates of service beginning October 1, 2002. AHCCCS bases its statewide ASC rates on those published by the Centers for Medicare and Medicaid Services adjusted by the wage index for Phoenix. The rates are shown in the table below and can also be found at our web site at: <http://www.ahcccs/PlansProviders/ProcRateCodes/FeeSchedules>

ASC Group	Payment Rate Effective 10/01/02
1	\$330.94
2	\$443.23
3	\$506.84
4	\$626.09
5	\$712.55
6	\$821.81
7	\$988.83
8	\$967.90

MIPS NURSING & ATTENDANT CARE SERVICES

Description	HCPCS	AHCCCS 2003 Rate
School-based Nurse		
RN 15 minutes, one or more encounters with single student in one week ¹	Z3350	\$10.19
RN 30 minutes, one or more encounters with single student in one week ¹	Z3351	\$20.38
RN 45 minutes, one or more encounters with single student in one week ¹	Z3352	\$30.57
RN 60 minutes, one or more encounters with single student in one week ¹	Z3353	\$40.75
LPN 15 minutes, one or more encounters with single student in one week ²	Z3360	\$ 8.00
LPN 30 minutes, one or more encounters with single student in one week ²	Z3361	\$16.00
LPN 45 minutes, one or more encounters with single student in one week ²	Z3362	\$24.00
LPN 60 minutes, one or more encounters with single student in one week ²	Z3363	\$32.00
School-based Attendant Care		
Non-family attendant care; 1 hour per day	Z3330	\$13.96
Non-family attendant care; 3 hours per day	Z3331	\$41.88
Non-family attendant care; 6 hours per day	Z3332	\$83.76

1. Rate based on Independent RN, Intermittent visit Z3033
2. Rate based on Independent LPN, Intermittent visit Z3035

HOSPICE RATES UPDATED

Hospice rates have been updated for dates of service beginning October 1, 2002. AHCCCS bases its rates on those published by Medicare with the labor portion adjusted by the area specific wage indices published by the Centers for Medicare and Medicaid Services. Below are the updated rates.

Revenue Code	Description	County	Rate FFY 2002-2003
651	Routine	Maricopa/Pinal	\$116.15
	Home Care	Pima	\$110.56
		Rural	\$129.04
652	Continuous	Maricopa/Pinal	\$677.92
	Home Care	Pima	\$645.27
		Rural	\$753.12
655	Inpatient	Maricopa/Pinal	\$119.72
	Respite Care	Pima	\$115.16
		Rural	\$130.22
656	General	Maricopa/Pinal	\$516.11
	Inpatient Care	Pima	\$492.92
		Rural	\$569.50



SYSTEM UPDATES

ASC Grouper Assignment for Dental Procedures

Effective with dates of service on and after January 1, 2001 CPT code 41899 (Unlisted procedure, dentoalveolar structures) can be reported in an ambulatory surgical center (ASC) setting.

Provider & Reference File Layouts

Effective October 2002, there will be changes to the file layouts. The e-mail was distributed on August 23, 2002 with the new specifications, if there are any questions contact the Encounter Unit.

AHCCCS Server Changes, Instructions, and Path Name

AHCCCS has consolidated servers and implemented a new naming standard effective October 2002. Instructions for implementing the VPN were distributed via e-mail to Plans and Contractors on 08/23/2002, if you have any questions, contact the Encounter Unit. This is the same VPN (128 bit encryption) that is currently used for the Encounter and Reinsurance system.

Edit Change

Edit H241(Place of service is required), which validated the place of service to procedure code combination found on reference table RF122, has been replaced by S430 (Place of service is invalid for specified procedure) effective July 01, 2002. H241 will pend encounters with invalid Place of Service Codes (not found on RF115). These changes only affect HCFA 1500 and Dental encounters.

Please note that edit S430 (Place of service is invalid for specified procedure) has been changed from "hard" to "soft". Encounters pending solely for S430 do not require Contractor intervention.

Edit Update

Effective with dates of service and receipt February 1, 2003, edit S386 (Max Anesthesia Units Exceeded), will be set to fail when conditions are met.

New Error Codes

AHCCCS has made a change to edit S385 to accommodate "cycle" billing of supplies. Many suppliers will deliver a month's worth of supplies in advance, i.e., supplies needed for the month of November might be delivered on November 1st. Rather than bill with a from and thru date of 11/1 - 11/30, the supplier bills the entire month's supplies using a from and thru date of 11/1 to expedite claim submission and payment.

Previously, encounters reported this way would pend for S385 (Service Units Exceed Maximum Allowed) since they exceeded the daily limit. The change now allows cycle billing without pending for S385.

The new audits Z796 (DME Supplies Service Overlap) and Z797 (DME Supplies Service Overlap, Different Health Plans) are designed to catch potential abuse or reporting problems that could otherwise occur by allowing cycle billing of supplies. They calculate estimated begin and end dates based on service units and look forward and backward in history to identify potential overlapping supply services.

Error Code U265 – Service Units Exceed Date Span will be set to hard when it goes into production. the first of the year. This error code is applicable to UB-92's (dialysis reporting).

Coverage Code

Effective with dates of service on and after October 1, 2002, CPT code 96545 (Provision of Chemotherapy agent) will no longer be available for reporting. The coverage code will be changed to 03 (Covered Service, Use Other Code).

CPT Codes No Longer Available For Reporting

Since Wyeth is no longer distributing Norplant in the United States, CPT code 11975 (Insertion, implantable contraceptive capsules) and 11977 (Removal with reinsertion, implantable contraceptive capsules) will not be covered. Effective for dates of service on and after September 1, 2002.

UB-92 Patient Status

Effective October 1, 2002 patient status code 64 (Discharge/transferred to a nursing facility certified under Medicaid but not certified under Medicare) is available for reporting on the UB-92.

Beta Testers Needed for Denied Encounters

Contractors are needed to beta test denied encounter submissions. Any interested parties should contact Brent Ratterree at (602) 417-4571 or rbatterree@ahcccs.state.az.us. Testing is expected to begin soon. Testing will consist of a few file submission scenarios and the ability to retrieve files and reports from the AHCCCS server. The testing process is not expected to go beyond 3 weeks.

Rate Change

Effective for dates of service on and after April 1, 2002 the rate for HCPCS code J2820 [Injection, sargramostim (GM-CSF), 50 mcg] was changed to \$29.06.

Place of Service Added

- * Effective with dates of service January 1, 2002, CPT code 76005 [Fluoroscopic guidance and localization of needle or catheter tip of spine or paraspinal diagnostic or therapeutic injection procedures (epidural, transforaminal epidural, subarachnoid, paravertebral facet joint, paravertebral facet joint nerve or sacroiliac joint), including neurolytic agent destruction] can be reported with POS 23 (Emergency Room-Hospital).
- * Effective for dates of service on and after July 1, 2002, the following CPT codes can be reported with a place of service code 23 (Emergency Room).
 - 31622 Bronchoscopy (rigid or flexible); diagnostic, with or without cell washing (separate procedure)
 - 31635 Bronchoscopy (rigid or flexible); diagnostic, with removal of foreign body
- * CPT code 54560 (Exploration for undescended testis with abdominal exploration) can be reported with a place of service code 22 (Outpatient Hospital).



- * Effective for dates of service on and after September 01, 2001 HCPCS code 90801 (Psychiatric diagnostic interview examination) can be reported with place of service code 12 (Home).
- * Effective for dates of service on and after January 01, 2002 HCPCS code 58145 (Myomectomy, excision of leiomyomata of uterus, single or multiple (separate procedure); vaginal approach) can be reported with place of service code 22 (Outpatient Hospital).
- * Effective with Dates of Service on and after January 1, 2001 HCPCS code J2997 (Injection, alteplase recombinant, 1 mg) can be reported with a place of service 22 (Outpatient Hospital) and/or 65 (Dialysis Center).
- * Effective immediately 70010-74775; 76006-76999 and codes 78000-79999 can be reported with place of service 23 (Emergency Room-Hospital).
- * Effective July 01, 2002 the codes 316212 (Bronchoscopy, Rigid or flexible diagnostic) and 31635 (Bronchoscopy; with removal of foreign body) can be reported with place of service 23 (Emergency Room-Hospital).

HCPCS Codes Added for Specified Provider Type(s)

Effective for dates of service on and after April 1, 2001 Laboratories (provider type 04) can report the following CPT codes:

- G0202 Screening mammography, producing direct digital image, bilateral, all views
- G0204 Diagnostic mammography, producing direct digital image, bilateral, all views
- G0206 Diagnostic mammography, producing direct digital image, unilateral, all views

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Codes Added for Podiatry

Effective for dates of service on and after January 1, 2002 podiatrists, provider type 10, can report the following CPT codes:

- 27760 – Closed treatment of medial malleolus fracture; without manipulation
- 27762 – Closed treatment of medial malleolus fracture; with manipulation, with or without skin or skeletaltraction
- 27766 - Open treatment of medial malleolus fracture, with or without internal or external fixation
- 27870 – Arthrodesis, ankle, any method
- 27871 – Arthrodesis, tibiofibular joint, proximal or distal



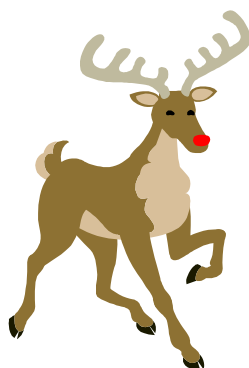
Procedure Code(s) to Revenue Code(s)

- * The following is a listing of CPT codes to revenue codes that are available for reporting on the UB92 form. Begin dates will vary, see reference table RF773 (Revenue Codes-to- Procedure Codes) for correct dates.
 - Revenue code 380 with CPT code(s) P9023, P9031, P9034, P9038, and P9039
 - Revenue code 381 with CPT code(s) P9016, P9022, P9038, P9039, P9040, and C1010-C1018
 - Revenue code 382 with CPT code(s) P9044, C1010, C1016, and C1018
 - Revenue code 383 with CPT code(s) P9018, P9019, P9023, and C9503
 - Revenue code 384 with CPT code(s) P9023, P9031-P9037, C1010, C1011-C1014, C1017, & C1019
 - Revenue code 385 with CPT code(s) P9050
 - Revenue code 386 with CPT code(s) P9016, P9041, P9045-P9050
 - Revenue code 387 with CPT code(s) P9041, P9043-P9050
 - Revenue code 389 with CPT code(s) P9016
 - Revenue code(s) 390-399 with CPT code(s) P9010-P9050 and C9503
 - Revenue code 391 with CPT code(s) 36430-36460
 - Revenue code(s) 380-389 with CPT code(s) C9503
- * The pathology and laboratory CPT codes, available for use, in range 80000 to 89999 can be reported on the UB92 form with revenue codes 390 to 399. Begin dates will vary, see reference table RF773 (Revenue Codes-to-Procedure Codes) for correct dates.

Limits Changed

The "Procedure Daily Maximum" limits have been updated on the following Interventional Radiology S & I HCPCS codes:

- 75685 – Angiography, vertebral, cervical, and/or intracranial, radiological supervision and interpretation; increased to 2 units
- 75736 – Angiography, pelvic, selective or supraselective, radiological supervision and interpretation; increased to 2 units
- 75962 – Transluminal balloon angioplasty, peripheral artery, radiological supervision and interpretation; increased to 3 units
- 75978 – Transluminal balloon angioplasty, venous (eg, subclavian stenosis), radiological supervision and interpretation; increased to 3 units



Limit Change Continued

The "Follow Up Days" limit has been changed from 5 to 0 on CPT code 43247 (Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; diagnostic, with removal of foreign body).

The "Frequency" limit has been changed from 6 to 0 months on CPT code 78006 (Thyroid uptake; single determination).

Therapy HCPCS to Revenue Codes

Per the Ingenix UB Editor, the following combination of HCPCS to Revenue codes, are appropriate for therapy services. Begin dates will vary, refer to the Reference table RF773 (Revenue Codes-to- Procedure Codes) for correct dates.

<u>Revenue Code</u>	<u>HCPCS Code</u>	<u>Revenue Code</u>	<u>HCPCS Code</u>	<u>Revenue Code</u>	<u>HCPCS Code</u>
410-419	94010-94799	430-439	29065-29280	440-449	29065-29280
	99183		29345		29345
	C1300		29365-29405		29365-29405
420-429	29065-29280		29445		29445
	29345		29505-29590		29505-29590
	29365-29405		64550		90901-90911
	29445		90901-90911		92506-92599
	29505-29590		92506-92510		95831-95852
	64550		92525-92526		96105-96115
	90901-90911		95831-95852		97001-97004
	92506-92510		96105-96115		97010-97750
	92525-92526		97001-97004		97799
	95831-95852		97010-97750		G0153
	96105-96115		97799		G0193-G0201
	97001-97004		G0129		V5362-V5364
	97010-97799		G0152		
	G0105		V5362-V5364		
	G0193-G0201				
	Q0086				
	V5362-V5364				

HAPPY HOLIDAYS

